

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. VI.] WEDNESDAY, JUNE 20, 1832.

[NO. 10.]

ACUTE AND CHRONIC LARYNGITIS.

Cases of Acute and Chronic Laryngitis. By M. CRUVEILHIER.

M. CRUVEILHIER divides the diseases of the larynx into those which occur above the glottis, those below it, and those which attack the glottis itself. Of all the laryngeal affections, inflammation, as might à priori be conceived, is the most frequent, and, whether acute or chronic, it either attacks the cellular tissue external to the mucous membrane, or the mucous membrane itself.

CASE 1. *Inflammation of the Cellular Tissue above the Glottis—Edema of the Glottis.*

Pierre Vrain, æt. 56, an old soldier, and addicted to drinking, was seized, on the 26th April, with lassitude, and next morning complained of sore throat and pains in the limbs, with fever. On the third day, the soreness of the throat was great, deglutition and articulation difficult, and the velum palati was seen red and swollen. (*V. S. ad 3 x. Ros. c. Acid Hydrochlor*). In the evening, the breathing was very difficult, sibilous, with threatening of suffocation; the voice only heard at intervals, hoarse and croupy; the velum more red and swollen, the isthmus appearing almost closed. (*Hirud. xxx. gutt.*) After this the patient experienced great relief, and on the fourth morning the soreness of the throat and dyspnœa were gone. Three white patches were observed on the posterior arch, but the redness and swelling had almost disappeared. In the evening, all the bad symptoms returned, and delirium supervened. On the fifth day, the breathing was very difficult and noisy—the pulse almost imperceptible; at noon he died.

Sectio Cadaveris. The two folds of mucous membrane forming the sides of the superior orifice of the larynx, that situated posteriorly at the sides, in the neighboring part of the pharynx, the base of the tongue, on the anterior surface and superior border of the epiglottis, were all of whitish color, and infiltrated as it were with pus; the two mucous folds already alluded to, especially the left, were enormously swollen, projecting towards each other, so as to be in approximation everywhere, excepting for a small space behind, where a small aperture only remained for the passage of air. The glottis, and the portion of the larynx below it, were

more natural. On cutting through the parts affected, the pus was found to be diffused in the cells of the cellular texture, and not collected into any distinct abscess. The mucous membrane itself appeared soaked with pus, and its vessels were only detected here and there. Already several sloughs were completely or incompletely detached, and small blood-vessels, injected, marked their boundaries in a distinct manner. The tonsils were sound, the anterior surface of the epiglottis was covered with sloughs, and its inferior part, tumid and enlarged, contributed to contract the opening of the glottis. A representation of the larynx of the patient accompanies the case, and displays, in a marked manner, the almost complete obstruction of the air-passage, by the infiltration of the pus in the loose cellular tissue external to the mucous membrane.

M. Cruveilhier makes some judicious reflections on the foregoing case, which is more important in its character, and more worthy of study in its details, than a superficial reader or practitioner might possibly suspect. It is important, because it is one of a class not very unfrequent, and equaled in insidiousness only by its fatality; it deserves consideration, because it displays a common professional mistake—that of considering a patient as out of danger, or in little danger, when, in point of fact, his existence is in peril. We have seen several instances of the same description, and we speak from personal experience and observation. But we shall notice an observation or two of M. Cruveilhier's. He looks upon the affection as one of diffuse inflammation of the cellular texture external to the mucous membrane of the larynx. Of this there can be no question. He considers that there exists a great analogy between it and the angina cedematosa. They are similar in their seat, but not altogether in their nature; for in one the cellular membrane is infiltrated with serum—in the other with pus. But on the surface of the body we constantly witness the effusion of serum preceding that of pus or lymph in the subcutaneous and in the inter-muscular cellular membrane, and it is possible that a similar course may be observed in these anginae. We do not look on the point as determined, for reasons into which we cannot enter at present. If, says our author, a membrane which is attacked with inflammation is firmly attached on one side and free on the other, the inflammatory effusions are thrown out on its free surface; but, if loosely connected to other parts by the cellular tissue, effusions are apt to take place in the latter, and, he might have added, to be diffused in it to a great and a fatal extent. Thus we have seen, in examples of fatal cynanche, an effusion of lymph and pus commence in the cellular membrane external to the mucous membrane of the pharynx and larynx, and spread thence between the œsophagus and spine as low as the diaphragm, between the œsophagus and larynx, and between the larynx and its muscles throughout the front of the neck. Those who have bestowed much attention on the affections of the cellular membrane will experience no surprise at this.

With respect to symptoms, we can say little more than that they are those of acute cynanche, and that they are often more deceptive. We should say, however, that there is often a degree of anxiety of aspect, and appearance of something wrong, disproportionate to the obvious mischief. M. Cruveilhier insists very properly on careful examination of the throat, internally and externally. We should endeavor to obtain a view of the

epiglottis if possible, and frequently we may do so by patience and gentleness. Its condition of redness, paleness, or tumefaction, is an index of the state of the larynx above the glottis. Dr. Thulier, of Lunoges, has recommended examination of the part by the finger; but, supposing that accurate information were thereby obtained, patients will seldom be found to submit to this manual inspection in this complaint. In chronic diseases of the larynx, M. C. allows, and we agree with him, that this mode of investigation is extremely useful, and we know that it is practicable.

The treatment recommended by M. Cruveilhier is active and judicious:—a copious bleeding in the first instance, leeches, emetics. To this he should have added the inhalation of vapor, and the administration of calomel with active purgatives. But this will not suit all cases, and when the disease attacks the aged or the debilitated, which it too frequently does, the cautious practitioner will hesitate before he employs very violent measures. In such, calomel and opium, with sudorifics, purgatives, leeches, and local steaming, must be chiefly relied on.

CASE 2. Inflammation of the Cellular Membrane of the Larynx below the Glottis—Death from Suffocation.

A young Swiss was received into the *Maison Royale de Santé*, under M. Duméril, with pneumonia. He was convalescent from this, when he complained of a violent pain in the region of the larynx, though examination of the fauces, and of the region above and below the *os hyoides*, elicited nothing unnatural. Dyspnoea and great difficulty of articulation soon succeeded, with paroxysms of suffocation, in which the voice, respiration, and cough, were croupy. He died on the fifth day from the commencement of the symptoms.

Section Cadaveris. The larynx, examined from behind, presented a projection at the level of the cricoid cartilage, which, when exposed, was found denuded, perforated, and reduced to a very thin lamina, surrounded with pus, which was contained between it and the thickened mucous membrane. There was no trace of perichondrium. The arytenoid cartilages, surrounded with condensed cellular and mucous membrane, were no longer articulated to the cricoid, disorganized as it was. The laryngeal muscles were all infiltrated, but with what we are not informed. The disorganization of the cricoid cartilage extended to its sides, especially to the left.

M. Cruveilhier observes, that the death of the patient from suffocation is readily explained, by the projection, internally as well as externally, of the thickened mucous membrane and perichondrium detached from the cartilage. M. Cruveilhier also believes that the case was essentially one of inflammation of the cellular membrane external to the mucous. In support of the opinion, he cites the following case:—

Case. A young man, convalescent from typhus, was suddenly seized with hoarseness of the voice, unattended with difficulty of breathing. Eight days after the invasion of the symptoms, he died without any paroxysms of suffocation, and apparently from obstruction of the air-passages. On examination, a collection of matter was found in the substance

of the right mucous fold forming the superior aperture of the larynx. The arytenoid cartilage, deprived of its perichondrium, was bathed in the pus. M. Cruveilhier also adverts to another case, published by M. Boulland in the *Journal Complementary*, 1825, tome 19.

Case. A man, æt. 22, had been in the *Maison de Santé* for two months, on account of a putrid fever. Eight days after leaving the establishment, he presented himself at the *Cochin Hospital* in the following condition:—there was extreme hoarseness, which had existed for a month, harsh cough, with great soreness of throat, and threatening of suffocation on the slightest exertion. Next evening, the restlessness was such, that the patient could not remain in his bed; the respirations were deep, prolonged, and frequent, accompanied with a rough sound, like that of a bass-viol, and the patient was in a paroxysm of terror and suffocation, with a pulse scarcely to be felt. The patient was rather better during the night, but the symptoms returned next day. On the fourth day he had a paroxysm of dyspnoea, almost amounting to suffocation, and in the night he died.

Sectio Cadaveris. On the posterior part and sides of the larynx was an abscess capable of containing a filbert. The cricoid cartilage was denuded, as though dissected, and the abscess almost surrounded it. The crico-arytenoid muscles were bare, of greenish color, and thickened; the nerves could not be traced. The articulations of the arytenoid cartilages with the cricoid were entirely destroyed.

CASE 5. Chronic Ulceration of the Larynx, and partial Destruction of the Epiglottis—Death by Suffocation.

A man, æt. 40, applied at the *Maison Royale de Santé*, with all the symptoms of phthisis laryngea; deglutition was extremely difficult, almost always followed by long and severe cough, sometimes even by threatening of suffocation. On examination, M. Cruveilhier discovered thickening of the uvula, velum, and soft palate, with ulceration of the borders and anterior surface of the epiglottis. He had had cough and hoarseness for eight or ten months, but had only ceased to work for fifteen days. He died suddenly.

Sectio Cadaveris. The uvula was furred and thickened; the posterior arch of the palate thickened also; the epiglottis ulcerated and festooned in appearance at its circumference; the superior orifice of the larynx, and the mucous membrane covering its posterior surface, thickened, ulcerated, and granulated. The whole interior of the larynx presented the same thickening and granulated appearance; the base of the right arytenoid cartilage was denuded, ulcerated, and partially ossified. The lymphatic glands at the sides of the larynx were indurated and infiltrated with tuberculous matter. The lungs were closely adherent to the thoracic parietes, and crowded with miliary tubercles; in the summit of the right lung was a large cavity, perfectly cicatrized on its internal surface.

M. Cruveilhier observes, that he has witnessed sufficient cases to enable him to pronounce with confidence on the existence of phthisis laryngea, as a distinct disease. It is much more frequent, notwithstanding, in

combination with tubercular disease in the lungs; in fact, we should say, from what we have seen of cadaveric investigations, that a very large proportion of phthisical patients present small laryngeal, or, at all events, tracheal, ulcerations previous to death. Here we must conclude these cases; and, although there is no fact absolutely new to be found amongst them, no doctrine of novel application to be drawn from them, no peculiar or successful plan of treatment advocated or even hinted at—still we think that their importance is sufficient to merit the attention of practical men. The insidious character and too fatal nature of these affections of the larynx cannot be too forcibly, too clearly, or too often pointed out; for many a man has in some degree lost his professional character by attaching too light importance to diseases of this description.—*Medico-Chirurgical Journal*.

CASES OF DROPSY.

Dropsy treated with Elaterium, &c., in Middlesex Hospital. By Dr. WILSON.

CASE 1. Lydia Ellis, aged 29, married, admitted 13th December. Ill three months with pain of chest and general swelling: had her second child 22d January last, but the swelling did not begin till the last three months, at which time a hardness was felt in the right inguinal region; pulse small and very frequent; tongue furred; bowels open; urine scanty, high colored, acid, not albuminous; orthopnea; fluctuation perceptible in the abdomen.—Ext. Hyoscyami, gr. v. omni nocte. Decoct. Spartii co., Inf. Digitalis, equal parts, with Spir. Æth. Nitrici, 3i. three times a day; to which was afterwards added, Potassæ Acet. ʒi.

Dec. 19th. Omit med. One grain of Elaterium dissolved in 3iv. Spir. Æth. Nitrici; 3i. of which to be taken every second hour, till the bowels are opened freely.

21st. Repeat Ext. Elaterium.

23d. Imperial drink.

24th. Increase the Ext. Elaterium to half-grain dose, in Spir. Æth. Nit., and to be repeated three times if necessary.

28th. Repeat Elaterium as before.

30th. Neither diuretics nor elaterium have produced any sensible diminution of the swelling: she seems much the same as when she came in.—Fiat paracentesis abdominis.

January 2d. Three gallons of very clear water were drawn off.

4th. Extracti Elaterii, gr. one-third, formâ pilulæ, secundis horis, ad tertiam vicem, si opus sit.

5th. Ext. Colocynth. co. gr. x. statim.

6th. Olei Crotonis Tiglii m i. formâ pilulæ, et enema commune statim. Repet. Ol. Crot. m i.

7th. Bowels freely open this morning, for the first time since she was tapped: greatly relieved; pulse 100.—Potassæ Hydriod. 3ss. ex Aquater die. Gin, ʒiij. daily. Ext. Colocynth. comp. gr. x. statim.

10th. Vomiting severe.—Omit med. *Acidi Hydrocyanici* m ij. *tertiis horis*, ad tertiam vicem.

11th. Ext. *Colocynth.* co. gr. x. statim, et. rep. si opus sit.

13th. Olei *Crotonis Tiglii* m i.

14th. Repet. Ol. *Crot.* m i.

16th. Severe vomiting still continues; evacuations rare, and very scanty; has vomited several times stercoraceous matter, and relieved by it.—Olei *Crotonis* m i. formâ pilulæ, et repet. sextis horis, ad tertiam vicem, si opus sit. Enema Decocti *Avenæ* cum Olei *Terebinthinæ*, 3vj. octavis horis repetendum. Linimentum *Saponis comp.* abdomini intricatum.

17th. Vomiting absent the last thirty-six hours; has had two scanty solid motions this morning.—Repet. Ol. *Crot.* m i. ter die formâ pilulæ.

18th. Has had two free evacuations this morning, in appearance natural; no sickness; much relieved.—Repet. Ol. *Crot.* m i. cras mane, et Enema bis die.

19th. A slight motion last night and this morning; appetite improved; no pain, except in making water, which is very scanty.

20th. Had a copious solid motion last night; vomiting returned this morning.—Repet. Pil. et Enema bis die.

21st. Vomiting continued all yesterday, ceased to-day; bowels not opened. At night felt much fatigued; took her gin; soon after vomited, and shortly afterwards expired.

No post-mortem examination was allowed. From the dropsy being almost entirely confined to the abdomen, and a swelling first perceived in the right inguinal region, and as, after paracentesis, the right region was more full than the left, and neither diuretics nor purgatives had produced any sensible effects, it was supposed that the dropsy was ovarian.

After being tapped, the hydriodate of potass was given as a diuretic; but, from the almost constant sickness before and afterwards, and the great difficulty now of stimulating the bowels to action, it was soon abandoned; and, to effect the latter object, powerful means were had recourse to. The matter vomited at different times, about the 16th January, was certainly stercoraceous, as far as the evidence of sight and smell could be trusted; and sometimes the quantity vomited was very considerable.

CASE 2. A female, single, aged thirty-five, admitted 3d of February: confined eight months ago, and has been ill nearly ever since; weaned child three months since. Two months ago, head and face began to swell; a month after, swelling of abdomen commenced; and, a week after that, legs began to swell. At present, swellings of face and abdomen much subsided, but legs and thighs very much swollen, and skin in some parts red; pulse full.—To be bled to 3xvj. One third of a grain of Ext. *Elaeterium*, made into a pill, to be taken next morning, and to be repeated every second hour for three times, should the bowels not act.

Feb. 4th. Purged and vomited by the first dose, which was not repeated.—To have one third of a grain of *Elaeterium* only, once every second day.

8th. Dejections have been copious and liquid, but complaints of much

sickness and distress, caused by medicine ; says her bowels are easily acted on, and begs for a less dose of medicine.—To have a quarter of a grain of Ext. Elaterium every second day.

13th. Has continued to have copious fluid motions ; œdema of legs much less ; catamenia have appeared, and very profuse.—Omit med. To have Potassæ Hydriodatis, $\mathfrak{z}$ i. ex Aquâ, ter quotidie.

For the first two days after taking the above, the quantity of urine was not increased ; but on the third day the quantity very much increased, and continued so till the swellings entirely disappeared ; and the same treatment was pursued till the 27th, when she left the hospital.

CASE 3. John M'Cay, age 21, ill six months. His feet had always perspired greatly, till one day he put them in cold water, since which perspiration has ceased, and the feet, ankles, and face, became swollen, and have continued so ever since. Now the legs, thighs, penis, and scrotum, are greatly swollen ; abdomen slightly, face more so ; bowels costive ; urine scanty ; pulse 90, and full.—Venæsection ad 3xx. Ext. Elaterii, gr. one-fourth ; Spir. Æth. Nitrici, $\mathfrak{z}$ i., ex Aquâ, to be repeated every second hour for three times, if not purged, and the same quantity to be taken every other day.

23th. Frequently vomits after medicine, but still a sufficient quantity remains to purge him. Legs and abdomen less.—To take same quantity of Elaterium made into pills.

Jan. 2d. The doses to be increased to one-third of a grain.

7th. Swellings of face, abdomen, and inferior extremities, much diminished.

18th. Has been purged every other day by Elaterium ; swellings almost gone.

He continued the same medicine till the 27th, after which no more Elaterium was given, as he had then a sharp attack of bronchitis, for which he was twice blistered, and once took ten grains of calomel ; for some days he took Mist. Amygdalæ, 3iss. ; Potas. Nitratis, gr. x. ; Vini Antim. Tartarisati, mxx. ter die.

Feb. 6th. Much pain in the loins, with hæmaturia.—To be cupped on loins to ten ounces.

8th. Pains of loins almost gone ; no hæmaturia.

Afterwards his bowels were merely regulated, and half an ounce of castor oil was generally sufficient for that purpose.

20th. Went out well.

Although the disease, in the two last cases, had been of some standing previous to the admission of the patients, they were considered as examples of inflammatory dropsy, and in both these instances bleeding was had recourse to. It may be observed, that one quarter of a grain of Elaterium produced a more purgative effect on the woman than one grain did on the man. In the use of this medicine great caution is required, and the doses should at first be small ; for, in addition to the difference of susceptibility to its action in different constitutions, the preparation itself varies very greatly in strength.—*Medical and Physical Journal.*

CHOLERA.

Remarks on the External Application of Opium in Cholera. By Dr. Bow.

WITHOUT attempting even to guess at the mode by which nervous influence is re-produced after expenditure, it is certain that there is no reservoir of dormant influence from which an organ can be supplied when its function is immoderately exercised. It is supplied, then, at the expense of other organs; or, if the function of any organ be exercised less actively than usual, then other organs receive an increased supply of nervous influence, and their functions therefore become proportionably more active. The above is meant as introductory to a few remarks on cholera.

In my work on fever, I profess to be one who believes that the office of the great sympathetic nerve is to effect involuntary motion, and the chemical processes which go on in the system; and I believe with many, and in particular with Mr. G. H. BELL, that to a failure in power in the sympathetic system of nerves, "is to be ascribed the disease which has obtained the name of Cholera Asphyxia," and also with him, that "the great object in the cure of the disease is to stimulate the sympathetic system of nerves." But there is only one way by which this system of nerves can effectually be stimulated: of this hereafter. If the functions of the sympathetic nerve be suspended or less actively exercised, where is the proof that the functions of other organs are being exercised more effectually? It is to be found in the fact, that the mental faculties remain unimpaired, although black blood is circulating, or perhaps rather stagnating, in the brain. It is to be found in the fact, that the skin and stomach acquire a morbid sensibility, sometimes to a painful degree, and in the tonic spasms of the muscles. In a healthy state of the body, we may divert nervous influence from the sympathetic system to the surface of the body, by stimulating the extremities of the sentient nerves by blisters, sinapisms, and other irritating applications; but these are applied, in the disease before us, with the view of producing an opposite effect! Diminish the sensibility of the surface rather than increase it, and we shall then arrive at the true mode of stimulating the sympathetic system. Wash the patient with laudanum, and observe the effect.

Before the cholera appeared in Sunderland, I attended a case of common cholera; for, although it was the worst case I had till then seen, I did not think of discovering any resemblance to the Asiatic. All the common remedies failed to check the vomiting, purging, and cramps; but I at once succeeded with the strong opiate liniment, the formula for which I subjoin.*

A report of this case I forwarded to one of the medical gentlemen sent by government to Sunderland; but, as he took no notice of my letter, I presume he did not receive it, although the dead-letter office has not noticed it either.

The following is a case in which the good effects almost immediately

* R. Opii, one ounce; Linalment. Camph. c. one ounce. Digere per dies aliquot et effunde linimentum.

followed the application, and the only other where I have had an opportunity of trying the plan fairly :—

Mrs. D., aged 26, the mother of three children (the youngest sixteen months old, still at the breast), was attacked, at three in the morning, with vomiting and purging. I saw her at five ; she then complained of great thirst, great weakness, and severe cramp in the great toes ; there was lividity under the eyes, and coldness of the feet and hands, although she did not complain of it ; pulse 104, and feeble ; the tongue appeared bloodless, but not very cold. I saw neither the dejections nor the matter vomited.—Colomel, opium, &c.

At half-past eight o'clock the symptoms were alarming. The cramps had extended to the knees ; she could not move out of bed, and there the stools were passed ; the medicine was rejected from the stomach, and the matter vomited had the appearance of thin gruel. The dejections I did not see, but was told afterwards there appeared nothing but water. The smell of the bed was exactly that which I perceived at Newburn. The pulse was barely perceptible ; the lividity under the eyes greatly increased, and the thirst intolerable ; the voice weak.—I ordered rather more than half an ounce of the liniment to be rubbed on the bowels and spine ; two grains of calomel.

At ten o'clock I found her lying on her side, with her knees drawn up ; she had neither vomited nor purged since the liniment was applied ; the tongue had lost its paleness ; color had returned to the cheeks, and there was a glow of heat all over the body. She said she was perfectly relieved, excepting that when she moved the cramp returned to the toes.

At eleven o'clock I found her in a fast sleep. Whilst I endeavored to feel the pulse she awoke, and said she was perfectly happy. Next day she was able to attend to the business of the house.

When at Newcastle, in January last, I mentioned to Mr. HOWEY what I conceived to be the nature of the disease, and also the benefit which I expected would result from opiate frictions : upon which he noticed a case where the cure was attributed to the accidental application of two ounces of laudanum. Mr. H. did not himself attend the patient, but he was kind enough to procure for me the following, which is an extract from his letter :—

“The case in which the two ounces of laudanum were rubbed upon the bowels, was that of a man named Killbreath, at Dent's Hole, and occurred before I came to this neighborhood. It appears that Mr. F. found him in the evening rapidly approaching the stage of collapse ; the pulse was extremely weak and thready ; hands cold, and rather blue ; severe cramps in the legs, with vomiting and purging, the fluid evacuated resembling milk and water. About three pints of warm water were immediately given, followed by an enema of gruel, containing Spt. Ammonia. The bowels having been completely emptied by these means, a draught, containing Tinct. Opii, gtt. xxiv., was given, and half an ounce directed to be rubbed upon the abdomen ; but, by mistake, two ounces were used in that manner. Next morning the man had completely rallied, having passed a comfortable night, without any recurrence of the vomiting.”

Dr. CRAGIE says, that in the choleric collapse the heart's action is certainly augmented in force, as if to overcome an obstacle; and, if it succeeds in this, the disease is cured. I have no doubt but that the heart's action is augmented in force, for some time after collapse takes place, compared to what its force was in the previous stage; and I have as little doubt but that we have it in our power, in the majority of cases, to enable it to overcome the obstacle, by a plentiful application of opium, belladonna, or the like, externally.—*Ib.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 20, 1832.

THE CHOLERA AT PARIS.

Few sayings are more wise than that when a point is in dispute, we should act on the safest side. Our brethren in Paris have erred, we apprehend, in disregarding this rule. If anything can be said to be in dispute, it is the question respecting the contagiousness of the cholera. Yet, on the arrival of the disease in Paris, it was officially proclaimed to be incapable of communication from the sick to the healthy, and the wards of the hospitals, in which the cholera patients were placed, were thrown open to the public. This measure, and its natural consequences on the arrangements of the great mass of the people, may be fairly presumed to be one reason why so many have fallen victims to the disease in so short a time, and why it should have attacked an unusual number of those who occupy prominent places in society. It is said, and with some degree of truth, no doubt, that the cholera cannot manage frames built out of beef and porter, so well as those made up of salad, wine, and soup meagre. But there is a manifest reasonableness in the belief that the devastation produced by the disease among the French, was spread more widely and indiscriminately by the general exposure of all classes to the persons of the sick. In other countries, where the idea of contagion has been before the people, a measure of precaution has been adopted, not only by governments, but by families and individuals. The most affluent and intelligent persons in those countries have thus avoided at least one source of danger. But the members of our profession have been necessarily called to disregard these considerations, and it is among physicians alone, in the higher classes, that the disease has broken out and proved fatal. Not so in Paris. Curiosity, policy, or a sense of security (from the ill-timed and ill-judged bulletin of the faculty), led great numbers of distinguished individuals to visit the dying and the dead, and hence we find that dukes, and counts, and ministers, as well as doctors, have fallen under the

scourge. Perrier grasped the hand of a patient dying of the pestilence, and soon after, he himself, then his wife, then his son, and then his sister-in-law, became affected. The son of the king was admitted to the Hotel Dieu, and, unless he is protected by the same spirit that saved from the plague Napoleon, who touched the sores of the sick in Egypt, and Desgenettes, who inoculated himself with its virus, we should not be surprised to hear of the disease within the walls of the Palais itself.

We have heretofore been undecided respecting the point in dispute. One account has seemed to show clearly that the disease is contagious, the next to produce doubt, a third to confirm the first impression, and so on. It is a matter of rare difficulty to settle one's opinion definitely on a subject so obscure. Under these circumstances, we have always held, and still maintain, that, until the disease is proved to be non-contagious, we should all do wisely to adopt such measures of protection as would be imperative if it were clearly and unquestionably known to be capable of direct communication from the sick to the well.

The history of the smallpox shows the wisdom of this rule. Notwithstanding its very decided, and now universally accredited, contagious character, it had existed longer, and prevailed more widely, than the cholera now has, before this character was acknowledged. Before it was even suspected, it had spread far and long, and even Sydenham appears not to have been apprised of its being at all contagious. During the many years of doubt on this subject, who, we would ask, displayed the most wisdom, those who acted on the principle we have uniformly upheld respecting the present epidemic—i. e. to regard it as contagious until it is *proved* otherwise—or those who exposed themselves, and threw open the doors of the sick to every passer by, and exposed their persons to the gaze and the touch of the curious? Unquestionably the former. Another illustration may be found in the history of the plague,—another, we apprehend our progenitors will say, in that of the cholera.

Smallpox, measles, scarlatina, &c., visit us occasionally. In some seasons they spread very generally, with great rapidity, and are extremely fatal. At others they are mild, and last but a short time. This variation must be owing to the state or constitution of the atmosphere, which, in some seasons, peculiarly predisposes the system to be affected by certain morbid agents. When this predisposition is general and strong, for the smallpox for example, many cases are produced by the slightest exposure to the sick, and many in which it is impossible to trace any exposure whatever. The same is more frequently true of measles. This disease, as well as the smallpox, sometimes breaks out in a family in the far country, who have had no possible means of deriving it from a previous case. Every city physician knows that like cases occur in the sphere of his own practice. On the other hand, it is *certain* that if three children are carried to the bedside, and allowed to touch a child who has the

measles, two of them will most probably break out in a fortnight, and the third as probably escape the disease altogether. Now what should we think of a smart controversy growing out of the above cases—one party arguing that rubecola is *contagious*, because two children exposed to one sick of it, received the disease, and the other party declaring it *not contagious*, because the other child escaped,—and fortifying this opinion by the established and oft-noticed fact, that it had broken out in families who lived remote from any other human residence, and who had had no recent communication with any one laboring under such a malady? On both sides, facts without number might be adduced in support of each opinion, and the controversy might thus be carried on ad infinitum—at one time the preponderance being in favor of the contagionists, and at another of their opponents. The question, however, respecting this disease, has long been settled, and it is universally acknowledged that the measles is most generally communicated from the sick to the healthy, but that, like every other contagious disease, this is not its only mode of occurrence; that in certain states of the atmosphere, strongly predisposing the system to it, it occurs *de novo*, without any personal contact whatever, and that, after a long absence from a town or city, it most generally makes its appearance in many different parts of the place at the same time, entirely forbidding any supposition of a contagious origin.

Now of precisely this description appears to us to be the present dispute respecting the contagious nature of the cholera, and it seems to be protracted by a like combination of events. We are inclined to believe that the cholera is entitled to a rank among the *contagious diseases*, but that, whilst under certain circumstances it is not easily communicated by personal exposure, it is, under others, developed *de novo*, without the aid of any such exciting cause. This opinion seems to be justified by the whole body of facts now before the profession, and will, we suspect, be, eventually, the settled belief of the faculty of every country.

For the reasons of this opinion, we can only refer the reader to the mass of facts, and the conflicting testimony, already published. To bring, however, a single proof of the probable correctness of this opinion, we will relate a few cases in which the disease has absolutely and without any possibility of doubt, been produced by contagion, and one or two in which it has, with equal certainty, occurred without the existence of any such exciting cause. The first examples we take from the London Medical Gazette:—

Towards the end of January, two persons met at a hostelry in Morpeth, a small town in Northumberland, which the epidemic had not then reached. One had come from Hawick (a distance of fifty-five miles), to sell cattle; the other had just arrived from Newcastle, in which cholera was at that time prevalent. During their short stay, the latter was seized with cholera, and died; the former straightway returned to Hawick. He had scarcely reached home ere he was taken ill with the same disease,

and which speedily proved fatal to him. His brother, his nephew, and his servant, all in direct communication with him, were next successively attacked; his clothes having been sent to a woman to be washed, she was also seized, as were next her child, and subsequently her husband—who died. The medical man, who had been called in to attend these cases, was then attacked, and, in forty-eight hours after, his sister, who resided with him, was also taken ill. Although the place contains five thousand inhabitants, only seventeen persons in all were affected; and of those, every individual had been exposed to whatever influence communication with preceding cases of the malady is capable of effecting. We have thus a healthy person, going to a distant town, where cholera is unknown—residing in a public house with a traveller from an infected district, who sickens and dies—we have him returning home to a retired country town, bearing with him a malady with which those only become affected who have intercourse with him mediately or immediately, while the rest of the inhabitants remain free from the epidemic or any other form of the disease. These facts rest on authority which is unimpeached, and, we believe, unimpeachable.

Again: a woman (A) being taken ill with cholera (April 5th), was removed to her brother's, in Halfmoon street, Bishopsgate—the disease not having shown itself in that vicinity. She occupied their only room, and slept first in the bed of one of the boys, but, this being found too small, was subsequently placed in that of her brother and his wife. The boy, who had been displaced, gladly took possession of his bed again, the sheets, we are expressly told, having been suffered to remain. As the night advanced, another change was adopted; a temporary bed was placed before the fire for the invalid; she was removed to it, and her brother now occupied his own bed, thus set at liberty, while his wife remained in attendance on the patient. Next morning their visitor was taken to the Cholera Hospital, and the family returned to their usual habits, no change or purification of bed-clothes having been adopted. April 7th, (B), the boy whose bed the original patient (A) had occupied, was seized with cholera, and died. Same day (C), his father, was taken ill, and died. April 8th, (D), the daughter of (C), was seized. April 9th, (E), another daughter, was also seized, and died; while (F), the wife of (C), had the premonitory symptoms, but recovered under prompt and efficient treatment. Here are six cases occurring in a street where no other instances of cholera had taken place; they are confined to the second floor of a house—those above and those beneath being alike unaffected. Still the evidence of contagion did not satisfy the neighbors, one of whom, occupying a different part of the same house, took compassion on the widow and her orphans, received them into her apartment, and, on the 19th, she herself died of cholera.

We now pass to the cases of the second description.

During the late prevalence of cholera in London, several cases were reported in the Mill-Bank Penitentiary—a place, the principle of which is to exclude the inmates from all communication with each other or with those outward. On inquiry, this report was ascertained to be well founded—six well-defined cases having occurred within ten days preceding the 3d of April. Of these six, three proved fatal—one in ten hours, and the other two in about fourteen—a sufficient proof that the

disease in question was actually malignant cholera. The prison had been, up to the appearance of these cases, perfectly healthy, and quite free from bowel complaints ; but cholera was said to be in the neighborhood. We regard this fact as one of the most interesting, as it is one of the best authenticated, with which we have been made acquainted in regard to this disease.

Dr. HEBERDEN, from whom we obtain the above fact, advances the idea, that, where the disease arises from causes apparently so insufficient, there must exist, in the individual so attacked, a strong predisposition to its development, and that this co-operating with the miasm in the atmosphere, constitutes the cause of disease. But, whatever may be the explanation of the highly respectable reporter, no doubt can exist of the occurrence of the cases, and of their development independently of any personal exposure to the sick. This, then, forms the second part of our brief illustration, and the reader will not consider us wedded to a theory when he deliberates on the opinion herein expressed, and brings to its test all the facts respecting cholera which have been so profusely laid before him within the last two or three years, and the circumstances attending the prevalence of the measles, hooping cough, and other diseases known to be contagious.

The error of the controversialists seems to have been in adhering to the *unity* of the cause :—in supposing that if a disease is ever propagated by contact with the sick, it cannot be produced in any other manner. To show that this is an error, and to close the present paper, we will merely add, that, in the Mill-Bank Penitentiary, the same institution in which the cases of cholera above related occurred, there took place, about the beginning of the last year, a case of *smallpox*, under circumstances precisely the same, and equally inconsistent with the supposition of contagion. The subject was a man who had been several months in the prison, and had had no communication personally, or by clothes, or by letter, for a length of time exceeding all possibility of its introduction by such means ; nor had any case of smallpox been in the penitentiary, though the disease was rife in the neighborhood. The appearance of smallpox under these circumstances is, we believe, very rare ; but we have known cases almost, if not altogether, as isolated, nearer home.

If these, our views of the cholera, are correct, the necessity of quarantine restrictions is so evident as to require no comment. The disease may, and probably will, reach us, notwithstanding such restrictions ; but that general would fall far short of his duty, who should leave the main road open to a formidable enemy, because there existed an obscure and circuitous pathway by which he might possibly gain access to his territory.

Treatment of the Cholera.—Among the numerous publications on this subject from the English press, we notice one by D. M. Moir, Surgeon,

a gentleman well known in the literary world as the "Delta" of Blackwood's Magazine. It is entitled "Practical Observations on the Malignant Cholera," and is thus spoken of in an English Journal:—

"Mr. Moir's Practical Observations will be extensively read. They are the result of his experience in the small town of Musselburgh, where, in the course of three weeks, the deaths from cholera alone exceeded the average annual mortality of the parish. There are many practical remarks which deserve to be well considered by the profession, as they differ somewhat from received principles. Bloodletting in the collapsed stage, he says, is a most destructive expedient, and only hastens the catastrophe. Solid opium (as a stimulant) is his great remedy for this stage: it may, he says, be exhibited with brandy; and he states it as the result of the experience of most northern practitioners, that the reaction is not in proportion to the stimuli employed, but in proportion to the collapse; which is a very important proposition. He objects to mustard, and to the permission sometimes given to drink water; but recommends grateful stimulants throughout, with hot external applications."

Remedy for Ophthalmia, Discovered by Dr. Seeds, R.N.—This old and zealous physician, whilst laboring under an obstinate attack of ophthalmia, determined to try the effect of an external application. It removed the inflammation in his eye with great rapidity, and believing that what was of service to himself would also prove serviceable to others under similar circumstances, he determined to publish the formula of his preparation. Mr. Guthrie, with his usual affability and good feeling, allowed Dr. Seeds to try the effects of the application at the Ophthalmic Infirmary, in Chandos Street. The results we believe were satisfactory. The following is the formula, with the mode of using it:—

R. Sp. æth. sulph. c. 3i.
Sp. ammon. comp. 3i.
Sp. vini camph. 3i. M.

The lotion is applied over the eye-lids, forehead, and temples, in acute and chronic ophthalmia, and also introduced into the nostril with the point of the finger.

Local Application of Dolichos in Palsy.—M. Græfe, in his Clinical Surgery, also mentions that he has used the down of the *Dolichos pruriens*, as an external application to paralytic limbs, with advantage. His plan is to cover the part with a layer of the cowhage, laying paper over it, and maintaining the whole by means of a roller. After a few minutes, a slight degree of itching is experienced, which gradually augments, and is soon followed by slight cutaneous inflammation. The application is then removed. After the inflammation has subsided, the remedy may be used again, and a third time. According to M. Græfe, some of his patients experienced only a diminution of the paralysis; others were relieved only for a certain time, and some were permanently cured.—*Journal für Chirurgie u. Augenheilkunde.*

P. S.—Since the foregoing was put in type, we have received advices from Canada, announcing the introduction of the cholera, its rapid spread and unexampled fatality, in Quebec and Montreal, and its appearance at Sorrell, St. John's, and La Prairie. The disease was imported into the former place, by the ship Carricks, from Dublin, on board which 41 per-

sons had died of the disease on the passage. The first case broke out at Grosse Island, where the above-mentioned ship was at quarantine, and it extended with great rapidity, both among the emigrants and citizens. There appears, by the latest accounts (11th June), to have been, at the Emigrant Hospital, 39 cases and 26 deaths, and in private dwellings 20 cases and 15 deaths. A gentleman, who arrived at New York from Quebec, which city he left on the 12th, states, that he witnessed the first symptoms of the disease in five emigrants, whilst standing on the wharf, and, before they could be conveyed to the hospital, two of them died. He also adds, that a servant woman in his boarding house took the disease, and died in three hours.

The arrival of this malady on the American continent, and at places with which we have direct and constant communication, should awaken us to the importance of an immediate preparation to meet it among our own inhabitants. We propose next week to go more into the details of this interesting part of the subject. The authorities of Albany, Troy, and New York, have very judiciously adopted active measures to retard, and, if possible, prevent the introduction of the disease into those cities, and we trust our own vigilant police will extend to the inhabitants of this place every possible protection, as well as provide suitable hospitals for the reception of the sick, in case their efforts to exclude it shall be unavailing.

In Liverpool, the cholera has existed for some time; but a letter, under date of the 16th May, states, that such precautions had been adopted, that its ravages were not great. In Baltimore, the disease would probably have been introduced under circumstances the same as those attending its introduction into Quebec, had not the most rigorous measures been enforced upon the cargo and crew of the ship Breuda, arrived there from Liverpool. We trust these measures, now in operation, may be successful in excluding so unwelcome a visitor.

Mr. N. P. WILLIS, who, our readers will recollect, visited the Hotel Dieu to see the cholera, and concluded the next morning that it was not contagious because he was not sick, shortly after fell ill of the disease, but, we are happy to add, is recovered. His opinion will now, most probably, be equally decisive on the other side of the question.

Whole number of deaths in Boston for the week ending June 15, 39. Males, 18—Females, 21.
Of measles, 4—catarrh, 1—inflammation in the bowels, 1—scarlet fever, 5—stoppage in the bowels, 1—throat distemper, 2—dropsy, 1—lung fever, 1—consumption, 3—abscess on the lungs, 1—dropsy on the brain, 2—sudden, 1—inflammation in the head, 1—drowned, 3—hydrocephalus, 1—infantile, 1—brain fever, 1—unknown, 3—pleurisy, 1—intemperance, 1—diseased womb, 1—old age, 2—inflammation on the lungs, 1.

ADVERTISEMENTS.

MECKEL'S ANATOMY, VOL. II.

THIS day received, by CARTER & HENDEE, corner of Washington and School Streets—Manual of General, Descriptive, and Pathological Anatomy, by J. F. MECKEL, Prof. of Anatomy at Halle, &c. &c. &c. Translated from the German into French, with Additions and Notes by A. J. L. JOURDAN, Member of the Royal Academy of Medicine at Paris, &c. &c. &c., and G. PRESCHET, Adjunct Prof. of Anatomy at the School of Medicine, &c. &c. &c. Translated from the French, with Notes, by A. SIDNEY DOANE. June 20.

THE BOSTON MEDICAL AND SURGICAL JOURNAL—2.

IS PRINTED AND PUBLISHED EVERY WEDNESDAY, BY CLAPP AND BULL, At 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, Post-paid. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Price \$3.00 per annum in advance, \$3.50 if not paid within six months, and \$4.00 if not paid within the year.—Postage the same as for a newspaper.